UTILIZATION REVIEW REPORT

INTRODUCTION

Under the provisions of the Multipurpose Senior Services Program's (MSSP) Home- and Community-Based Services (HCBS) Waiver and the State Medicaid Plan, the program is required to establish and maintain a system of Utilization Review (UR). The authority to conduct these reviews is found in the following sources:

Federal – Title XIX, Social Security Act, Section 1915 I; 42 Code of Federal Regulations (CFR), Section 456; Federal Home- and Community-Based Services Waiver.

State – Welfare and Institutions (W&I) Code, Section 14170; Title 22 California Code of Regulations, Title XXII, Section 51346; Interagency Agreement #01-15976 between Department of Health Care Services (DHCS) and California Department of Aging (CDA) and CDA policies.

The CDA conducts collaborative and independent URs to monitor the program at the site level for compliance with the Waiver, the Interagency Agreement (IA) between CDA and DHCS, and CDA MSSP policies. Currently, each site is scheduled to be reviewed every other year. The objectives of the CDA UR process are to:

1. Verify the medical necessity of services provided to eligible MSSP clients funded by the HCBS Waiver.

2. Ensure that available resources and services are being used efficiently and effectively.

3. Identify problem areas and to provide technical assistance (TA) as needed.

4. Initiate corrective action(s), if warranted.

The process followed by the CDA UR team involves a review of pertinent documentation, procedures and processes; consultation and discussion with staff; and a home visit to a client. The specific areas addressed by this report are:

1. NECESSITY OF SERVICES: Client Eligibility and Level of Care (LOC).

2. CLIENT ENROLLMENT, RIGHTS, AND INFORMATION: Application, Client Enrollment /Termination Information Form (CETIF), Notification of Rights, Authorization for Use and Disclosure of Protected Health Information Form (AUDPHI), Institutionalization Form (IF).

3. APPROPRIATENESS OF SERVICES: Initial Health Assessment (IHA), Initial Psychosocial Assessment, Reassessment (IPSA), Care Plan, Assessing and Documenting Client Risk, Progress Notes, and Case Record.

4. AUTHORIZATION AND UTILIZATION OF SERVICES: Service Planning and Utilization Summary (SPUS), Tracking Cost Effectiveness, and Vendor Agreement Review.

5. QUALITY ASSURANCE ACTIVITIES: Peer/Internal Review, Client Satisfaction Survey and Home Visit.

METHODOLOGY

Review Date:	May 24, 2010 through May 27, 2010
Review Site:	Multipurpose Senior Services Program Fresno-Madera Area Agency on Aging 3845 North Clark, Suite 301 Fresno, California 93726
Record Review:	Twenty case records, six of which were terminated. Ten vendor files.
Review Period:	October 2008 through November 2009
CDA-MSSP Review Team:	Vicki Cabassi, Nurse Evaluator II Taffy Warner, Program Analyst II Gloria Abernethy, Program Analyst II
Scheduled Conferences:	Entrance: May 24, 2010; Exit: May 27, 2010
Conference Participants:	Jean Robinson, Site Director Frances Contreras, Supervising Care Manager (SCM) Barbara Harutinian, Social Worker Care Manager (SWCM) Christine Bertolani, SWCM Hillary Neuharth, SWCM Jessica Martinez, SWCM Stephanie Ponce, SWCM Veronica Rodriguez, SWCM Charlotte Flanagan, Nurse Care Manager (NCM) Steve Sanchez, Deputy Director David Swickard, Accountant Peggy Bakeman, Program

DEFINITION OF TERMS

1. Findings:
   - Conclusions reached after the UR. Documents site practices during the review period. Compares what exists at the site with what is required.

2. Recommendations:
   - Actions necessary to correct existing conditions or improve operations and practices. The recommendations indicated in this report are requirements not suggestions.

3. Technical Assistance:
   - Documents information provided to site staff during UR. Includes consultation on specific client cases, printed information, online resources, policy references, etc. TA may also document subsequent research and responses provided to site staff following the UR.
4. Corrective Action:
   - Remediates problems found in site practices and ensures compliance to MSSP policies including the federal Waiver and the current Contract. A Corrective Action Plan (CAP) includes but is not limited to the following:

     - Revision of the site's existing procedures and practices or development of new ones. The site shall submit written documentation describing these changes.

     - Training of site staff necessary to implement the required CAP. Training documentation to be submitted to CDA may include, but is not limited to, the following:
       - Schedule of in-service sessions and dates;
       - Sign-up sheet or roster of session attendees;
       - Agenda or syllabi of sessions (topics covered);
       - Name of person(s) conducting the sessions;
       - Session hand-outs; and
       - Synopses of session results including specific problem areas addressed.

     - Periodic submittals to CDA, which may include examples of redacted case record documents, such as care plans, assessment forms, progress notes, etc., produced following the required training and remediation.

CORRECTIVE ACTION PLAN

A CAP is required as specified in the following UR Findings. A CAP is required to ensure compliance with the listed findings and recommendations. Please submit to CDA within 30 days. CDA reviewers may attend scheduled in-service training sessions developed in conjunction with the CAP without notice.

I. NECESSITY OF SERVICES

The objective of the MSSP is to avoid, delay, or remedy the inappropriate placement of persons in nursing facilities, while fostering independent living in the community. At a cost lower than nursing facility placement, MSSP provides services to eligible clients and their families to enable clients to remain in or return to their homes. Case record documentation must support the client's need for these services.

Reference: MSSP Site Manual

I. A. Client Eligibility

Eligibility for the program is addressed initially at screening and confirmed throughout participation in the program. MSSP eligibility criteria include all of the following:

- Age 65 or older;
- Residence in the catchment area;
- Receiving Medi-Cal under an appropriate code;
- Certifiable for placement in a nursing facility (refer to the LOC section of this report for criteria requirements);
- Ability to be served within the cost limitations of MSSP and
- Appropriate for care management services.

Reference: MSSP Site Manual

Findings:

There were no findings in this area.

Recommendations:

Continue with current policies and procedures.

Corrective Action:

A CAP is not required.

I. B. Level of Care

The LOC determination is a clinical judgment made by the NCM. The LOC is a timely analysis of information gathered to determine and verify that the client is certifiable for placement in an Intermediate Care Facility (ICF) or Skilled Nursing Facility (SNF). The body of the client's case record must support the LOC determination.

References: California Code of Regulations, Title 22, and MSSP Site Manual

Findings:

All twenty client records did not contain a complete description of each client's cognitive status, health status and functional deficits. The client's functional abilities to perform activities of daily living (ADLs) were addressed, but with the exception of medication management, instrumental activities of daily living (IADLs) were not addressed. Most client records did not describe the level of assistance required for certain activities.

Recommendations:

Incorporate all TA provided during the exit conference and in this report. The sites NCM attended LOC training on May 13, 2010 conducted by CDA. The site will incorporate knowledge acquired during that training into all written LOCs.

Technical Assistance:

In order to be certified as functionally impaired to the extent of requiring the LOC provided in a nursing facility (NF), a complete description of the client's functional deficits must be included in the LOC.

Although an LOC determination is a clinical judgment made by the NCM in conjunction with the California Code of Regulations, Title 22, Sections 51334 and 51335, MSSP Site Manual Section 3.110.3 Application of Title 22 Criteria recommends focusing analysis and judgment of the following elements:

- Cognition;
- Ambulation, including use of assistive devices and need for human help;
- Medication complexity, high-risk medications (e.g., coumadin, insulin, lanoxin), and compliance;
- Complexity of health issues and how medical diagnosis affect the client's ability to function; and
- Need for assistance (cueing, stand-by, hands-on, total) with ADL and IADL management.

CDA provided an LOC tool highlighting areas of focus with written examples.

Corrective Action:

A CAP is required.

II. CLIENT ENROLLMENT, RIGHTS AND INFORMATION

II. A. Application

The application form is the vehicle for applying for services and summarizes what a client can expect from MSSP, alternatives regarding services and the rights of program

participants. The application must be completed prior to conducting the LOC determination, and a copy of the application must be provided to the client.

References: California Code of Regulations, Title 22, and MSSP Site Manual

Findings:

There were no findings in this area.

Recommendations:

Continue with current policies and procedures.

Corrective Action:

A CAP is not required.

II. B. Client Enrollment/Termination Information Form

The CETIF records client demographic information. Data fields must be complete and accurate. As data is changed or updated, a new hard copy must be printed and filed chronologically in the record.

References: MSSP Site Manual and MSSP Contract.

Findings:

There were no findings in this area.

Recommendations:

Continue with current policies and procedures

Corrective Action:

A CAP is not required.

II. C. Notification of Rights

MSSP sites must inform clients and/or their designees of their right to be informed of MSSP components which are material to a client's participation (or lack of participation) in the MSSP. Program components include:

1. Processes on registering complaints, termination and appeal;

2. The safeguarding of client information (including application, care plan and termination form) through proper use of the AUDPHI Form and storage of client records;

3. Services that may be provided by MSSP as well as alternatives to participation in the program;

4. Potential outcomes of refusing offered services; and

5. Client participation in MSSP care planning and service satisfaction surveys.

Notices of Action (Termination and Change):

- State law and Medi-Cal regulations require that a Notice of Action (NOA) be sent to an applicant who is denied eligibility at point of application or to a MSSP client who has a change in service or who is terminated (for codes specified in the Site Manual) from the program. Timeframes for mailing NOAs are specified in the Site Manual. The NOA informs the applicant/client of rights to a fair hearing if they are dissatisfied with the termination action, change in services, or denial of entry into the MSSP. A copy of the NOA will be filed in the client's case record.

Client Rights/Right to State Hearing:

- Clients will be informed in writing and in a timely manner of their right to request a State Medi-Cal hearing when they indicate disagreement with any decision, which would result in a discontinuance, termination, suspension, cancellation or decrease of services under the program.

Reference: MSSP Site Manual and California Welfare and Institutions Code

Findings:

NOAs were not found in client records when care plan problem statements were retired and removed from the care plan.

Recommendations:

Incorporate all TA provided during the exit conference and in this report into policies and procedures. Conduct training within 60 days from the date of this report to ensure all requirements are met for NOA required for changes to the care plan. Submit to CDA the name of the instructor's, curriculum used, and a list of attendees.

Technical Assistance

There is no need to include multiple copies of Client Rights/State Hearing information in client records. One copy per client record is sufficient.

Most care plan problem statements were centered on a specific item that the client needed; therefore, when an item was purchased and in use, the problem statement was "retired" or "resolved." Since a NOA is required to be sent to the client for waiver service reductions, using intervention-based problem statements leads to the need for multiple NOAs.

Review MSSP Site Manual Section 3.640.8 Changes to the Care Plan which states, "Clients will participate in any discussion or plans regarding any changes to their care plan. This participation will be documented in the progress notes. Changes to the care plan **must** be dated and signed by the PCM. **Note**: A notice of action **must** be sent to clients for any adverse decision regarding waiver enrollment, or when a waiver service is reduced, suspended, terminated or denied."

Corrective Action:

A CAP is required.

II. D. Authorization for Use and Disclosure of Protected Health Information Form

MSSP sites must comply with contract requirements regarding client confidentiality. Sharing and obtaining information requires specific client consent as provided in the AUDPHI. This form must:

- Address only one individual or agency;
- Be specific as to the particular information (such as diagnosis, treatment, or financial information) that is requested from/to that entity; and
- Include an expiration date which cannot exceed two years from the date of the client's signature.

References: MSSP Site Manual and MSSP Contract

Findings:

There were no findings in this area.

Recommendations:

Continue with current policies and procedures.

Corrective Action:

A CAP is not required.

II. E. Institutionalization Form

Information regarding a client's admissions to a hospital (in-patient and out-patient) or nursing facility and emergency room visits are to be recorded on the IF. MSSP sites are responsible for the inclusion of the IF in the client case record. The IF provides a chronology of the client's hospitalizations and admitting diagnoses.

Reference: MSSP Site Manual

Findings:

The date the client was transferred from a XXXX to a XXXX was missing in client record #XXXX; therefore, the length of stay was unknown.

The IF in client record #XXXX did not include a XXXX XXXX hospitalization.

A XXXX day hospital stay, as documented in the XXXX XXXX progress note, was missing from the IF in client record #XXXX.

Recommendations:

Incorporate the following TA into policies and procedures.

Technical Assistance:

Review MSSP Site Manual Section 3.1220 Institutionalization Form which states, "Information regarding a client's admissions to a hospital (in-patient and out-patient) or nursing facility and emergency room visits are to be recorded on the Institutionalization Form (Appendix 23). This form is designed to consolidate information regarding institutionalizations in order to facilitate identification of health issues and events for care management purposes."

Corrective Action:

As these findings do not represent a trend, a CAP is not required.

III. APPROPRIATENESS OF SERVICES

The criteria for Appropriateness of Services address the client's need for and ability and willingness to participate in the care management process. Both elements must be present.

- "Need for care management" is indicated when a client requires assistance to: gain access to community services (whatever the funding source); maintain or effectively utilize available services; or manage serious health conditions.

- "Ability and willingness to participate" is indicated by the client's cooperation in formulating and then carrying out the care plan. The term "client" includes a client's significant support person when the client is cognitively unable to participate independently.

It is important to confirm and document a new client's perception of why they were referred to the program, and how they characterize their situation, needs and goals. This would logically occur during either the screening or the assessment process. Differences in

perceptions between the referral source, the client and the care manager (CM) must be identified, acknowledged and addressed in the initial assessments.

References: MSSP Site Manual and MSSP Contract

III. A. Initial Health Assessment, Initial Psychosocial Assessment, and Reassessment

Assessment is the foundation of the care management process. Each person determined to be eligible through the MSSP intake screening process will receive face-to-face comprehensive IHA and IPSAs to determine specific problems, resources, strengths, needs and preferences and to confirm LOC.

Reassessment is a formalized method of documenting and analyzing changes during the period since the previous assessment, re-establishing eligibility as it relates to LOC and assuring that the client's needs are being met. Changes since the last assessment, as well as over a longer span of time, are particularly relevant.

Assessment instruments and forms include but are not limited to:

- IHA and IPSA
- Reassessments
- Summaries and Problem Lists
- Client's Medication List
- Client's Physicians and Other Health Professionals
- Initial Psychosocial Functioning
- CDA Approved Cognitive Screening Tool
- Functional Needs Assessment Grid (FNAG)

References: MSSP Site Manual and MSSP Contract

Findings:

The FNAGs corresponding to the following client records:

- XXXX XXXX Reassessment (RA) for client #XXXX,
- XXXX XXXX RA for client #XXXX and the
- XXXX XXXX IPSA for client record #XXXX

contained "N/A" in the equipment needs section. The meaning of "N/A" is unclear to reviewers.

The April 2009 RA summary documented client #XXXX used XXXX at XXXX. The medication list did not include XXXX.

The Mini-Mental Status Examination (MMSE) was deferred when the IPSA was completed for client #XXXX. The exam was never completed during the first year of enrollment.

The MMSE was deferred for client #XXXX with a plan to complete the exam at the next home visit. No evidence was found that the exam was ever completed. The MMSE was deferred again during the XXXX XXXX RA, which is out of review period.

Recommendations:

Incorporate the following TA into policies and procedures.

Technical Assistance:

Using "N/A" is no longer acceptable. The Equipment Needs section of the FNAG requires a "YES" or "NO" response under each column heading of "HAS" or "NEEDS." For example, if a client does not have and does not need a hand-held shower, indicate "NO" and "NO."

The site's practice of using "N/A" may have been corrected as recommended in the May 2008 Utilization Review Report as evidenced by the October 2009 IPSA for client record #3778 containing "YES" and "NO" in place of "N/A."

XXXX is considered a prescribed medication and must be included on a client's medication list.

Review MSSP Site Manual Section 3.620 Assessment/Initial Assessments which states, "On occasion, completion of an item may be deferred. Deferring an entry means that it will be completed later; it does not mean eliminating or not attempting to get the information at all. If completion of an item is deferred, the reason will be noted along with any plans for obtaining the information at a later time."

Corrective Action:

As these findings do not represent a trend, a CAP is not required.

III. B. Care Plan

Care planning is the process of developing an agreement between the client and CM regarding identified client problems and resources, outcomes to be achieved and services to be pursued in support of goal achievement. The care plan must reflect services and supports necessary to sustain the client's ability to live in their community. The care plan provides a focus for the needs identified in the functional assessments, organizes the service delivery system to the client and helps to assure that the service being delivered is appropriate to the client's needs/problem.

The MSSP interdisciplinary care management team will develop a client-centered written comprehensive care plan for each client. It will be based on IHA and IPSA or reassessment findings, reflect all appropriate client needs, encompass both formal and informal services and will be written within two weeks of the latest assessment or reassessment.

The MSSP Care Plan includes:

- Statements of problems and needs determined upon assessment;
- Strategies to address the problems and needs; and
- Measurable goals or outcomes used to demonstrate resolution based upon the problem and need, the time frame, the resources available, and the desires and the motivation of the client and/or family.

References: MSSP Site Manual and MSSP Contract

Findings:

Problem Statements

The majority of care plan problem statements in all client records reviewed did not describe how the client's need was related to a functional deficit and therefore did not substantiate the need for services.

Health issues greatly affecting clients functioning abilities were not included on care plans in all client records. For example, the XXXX for client #XXXX described health issues of XXXX, XXXX and difficulty with XXXX XXXX. The care plan did not include a problem statement to address those needs.
Client record #XXXX provides another example of needs identified during an assessment not included on the care plan regarding:

- XXXX XXXX,
- XXXX XXXX,
- XXXX XXXX,
- XXXX XXXX,
- XXXX XXXX (XXXX) XXXX XXXX
- XXXX, XXXX XXXX.

Most problem statements were "item" centered and contained interventions. For example, client record #XXXX, problem statement #XX contained "XXXX XXXX", problem statement #XX contained "XXXX XXXX" and XXXX XXXX #XX contained "XXXX XXXX."

Most client records retired problem statements once purchased items were delivered, although the client's functional impairment remained an issue. For example, client record #XXXX contained a problem statement to address the client's difficulty XXXX XXXX the XXXX XXXX, but once XXXX were XXXX, the problem statement was retired and there was no ongoing monitoring to ensure the client's safety.

Most client records contained a problem statement regarding the need for "XXXX." This problem statement did not describe how the need was related to each particular client.

Similar issues identified during assessments were not combined into a single problem statement in all client records reviewed.

Goals

Seven of twenty client records reviewed (#XXXX, #XXXX, #XXXX, #XXXX, #XXXX, #XXXX, and #XXXX) did not contain measurable goals. For example, the XXXX XXXX and XXXX care plans for client #XXXX included terms such as "XXXX XXXX," "with XXXX XXXX," "XXXX XXXX," "XXXX XXXX," and "XXXX XXXX" within the goal statement. These terms are difficult to measure and are not specific.

Most goals contained interventions. For example, the XXXX XXXX and XXXX care plans for client #XXXX contained terms within the goal statement such as "will receive XXXX XXXX XXXX" and "have access to XXXX XXXX."

Other Care Plan Findings

The client was listed as a service provider in all client records reviewed. MSSP care management was often missing from care plans as a service provider.

Interventions listed on care plans were "single item centered" in all client records reviewed and did not meet the needs of each client. For example, client record #XXXX, problem statement #XX, addressed a client living XXXX needing an XXXX XXXX XXXX XXXX. An XXXX XXXXX (XXX) was the only intervention listed on the care plan. Other interventions were not included such as ongoing monitoring of XXXX XXXX, XXXX or XXXX of the XXXX XXXX.

Education was not included as an intervention on care plans in all records reviewed.

Referred services, such as XXXX or XXXX, were not included on care plans; therefore, care plans did not meet all client needs.

Client record #XXXX, problem statement #XX focused on "XXXX" instead of client needs.

The client's signature on the care plan was not obtained within 30 days of care plan activation in client record #XXXX.

<u>Recommendations:</u>

Incorporate all TA provided during the exit conference and in this report. It is anticipated that the site will conduct care plan training sometime in July 2010 to ensure CMs follow MSSP Site Manual care plan requirements. Submit to CDA the name of the instructor's, curriculum used, and a list of attendees. Sixty (60) days following the care plan training, the site will submit to CDA for review, one care plan from each CM along with the associated re/assessment summary. The care plans will be reviewed by CDA and additional TA will be provided, as necessary.

<u>Technical Assistance:</u>

Extensive TA was provided to the site during the review regarding "item centered" care

plans. The entire care plan process was reviewed with the site's SCM using the XXXX XXXX care plan for client #XXXX. Written examples were provided of a problem list, how similar issues were grouped together, problem statements, goals and interventions.

Problem Statements

Review MSSP Site Manual Section 3.640.3 Care Plan Components which states that problem statements must describe areas of concern identified in the re/assessment. They must define the problem and substantiate the need for the service. Problem statements are derived from problem lists, written in complete statements, are client centered and relate to the client's functional status. Problem statements do not include interventions. If there are problem areas identified that will not be addressed in the care plan, an explanation must be documented in the progress notes.

When problem statements are written addressing client needs or functional limitations, ongoing monitoring of that need is required.

For example, the XXXX XXXX care plan for client record #XXXX contains the following problem statement #XX: "Client's XXXX needs XXXX XXXX."

This problem statement does not describe why the client needs XXXX XXXX or what problem is created for the client by not having XXXX XXXX. It also contains an intervention, "XXXX XXXX."

Once XXXX XXXX, a XXXX XXXX XXXX and a XXXX XXXX XXXX were XXXX and XXXX, this problem statement was retired. These XXXX help provide XXXX XXXX, but do not entirely solve this issue. There was no ongoing monitoring of the client's XXXX in the XXXX.

Problem statements regarding purchased care management will be addressed in this report under Sections IV. A., Service Planning and Utilization Summary, and IV. B., Tracking Cost Effectiveness.

Similar issues can be grouped together from the problem list to form a single problem statement. For example, the XXXX XXXX care plan for client record #XXXX contained two problem statements, #XX and #XX, around the client's decreased ability to XXXX XXXX. Problem statement #XX contained the intervention, "XXXX XXXX" and problem statement #XX contained the intervention, "XXXX XXXX." Each problem statement was retired once the "items" were in place. The two needs could have been combined into a single problem statement about the client's XXXX needs. The client's XXXX status would then be monitored on an ongoing basis.

Goals

Review MSSP Site Manual Section 3.640 Care Planning which states, the MSSP care plan includes measurable goals or outcomes used to demonstrate resolution based upon the problem/need, the time frame, the resources available, and the desires/motivation of the client/family.

Review MSSP Site Manual Section 3.640.3 Care Plan Components which states, "The goal is the desired end result to be achieved. The goal will specify the skills to be acquired, behaviors to be changed, information to be provided, health or psychosocial conditions to be met. The outcome identifies the anticipated result or benefit to be obtained from the service provided."

Goals must be specific, measurable, attainable and realistic. Goals do not contain interventions.

Other Care Plan Technical Assistance

The client is a participant in the care plan, but is not a service provider. CMs provide all of the monitoring and most of the services on the care plan and must be included as service providers.

Review MSSP Site Manual Section 3.640.3 Care Plan Components which states, "The Plan/Intervention section lists information pertinent to the problem and outlines possible actions, plans or solutions to solve the problem."

Interventions address the client's needs and relate specifically to accomplishing the goal. Language must imply some action such as "refer," "assist," "arrange," "purchase," "advocate," "obtain," or "monitor."
Client monitoring by the CM is ongoing and is part of care management activity. Education must be provided to ensure the health and safety of our clients.

Referred services are included on care plans to provide a complete picture of who is involved in the care of our clients. CMs provide oversight of all services and take action if a service is interrupted or does not meet the needs of the client.

Although 30 days was the requirement to obtain the client's signature on the care plan during the review period, the site was notified they now have 90 days.

<u>Corrective Action:</u>

A CAP is required.

III. C Assessing and Documenting Client Risk

The goal of risk assessment is informed by the fact that MSSP clients have the right to refuse specific services and interventions. When a client refuses a service or intervention, the site must have a process of assuring that the risks associated with the refusal are addressed to the extent possible.

Assessing a client's ability to assume risk includes whether or not the client can:

- Make and communicate choices;
- Provide sensible reasons why choices were made;
- Understand the implications of choices; and
- Consider the consequences of choices.

A risk management plan will be developed when a situation arises where the client has chosen a course of action that may place the client at risk. This process allows for the systematic exploration of situations with a high possibility of an adverse outcome.

The status of the risk management plan must be monitored during regular monthly contacts by the CM. It must be formally reviewed or renewed at intervals mutually agreeable to the client and CM.

Reference: MSSP Site Manual

Findings:

There were no findings in this area.

Recommendations:

Continue with current policies and procedures.

Corrective Action:

A CAP is not required.

III. D. Progress Notes

Progress notes are the ongoing chronology of the client's events and care management. They must address: health and safety issues; the provision of services as planned; whether services continue to be necessary and appropriate; whether they are being delivered as anticipated; and the client's response to the service. Notes shall include the following, as appropriate:

- The date and type of MSSP staff contact with the client;
- A record of all events that affect the client and the status or validity of the care plan;

- Actions taken when there are discrepancies between the care plan and services delivered;
- Any education or counseling support provided to either the client or caregiver;
- Evaluative subjective and/or objective comments on all services delivered and client outcomes in relation to needed services; and
- A reflection of the relationship between identified problems and services delivered or not delivered.

Progress notes must include any significant information regarding the client's relationship with family, community or any other information which would impact the established goals for the client's independent living.

Reference: MSSP Site Manual

Findings:

Documentation of education provided to the client was missing in all records reviewed.

Sixteen of twenty client records reviewed (#XXXX, #XXXX, #XXXX, #XXXX, #XXXX, #XXXX, #XXXX, #XXXX, #XXXX, #XXXX, #XXXX, #XXXX, #XXXX, #XXXX, #XXXX, and #XXXX) did not appropriately address and/or follow-up all care plan problem issues in the month of Reassessment.

Seven of twenty client records (#XXXX, #XXXX, #XXXX, #XXXX, #XXXX, #XXXX, and #XXXX) contained documentation that quarterly face-to-face visits were deferred due to "state budget crisis, no home visits." See Section IV. A. Service Planning and Utilization Summary of this report for further information.

Six of twenty client records (#XXXX, #XXXX, #XXXX, #XXXX, #XXXX, and #XXXX) contained documentation that purchases or services had been deferred and were not followed up in a timely manner. For example, client record #XXXX contained documentation that several items had been deferred including a XXXX XXXX, a XXXX XXXX, and a XXXX XXXX used for XXXX. These items were deferred due to "budget constraints" for an entire year of client service without documentation of how the problem would be addressed in the interim. See Section IV. A. Service Planning and Utilization Summary of this report for further information.

Four of twenty client records (#XXXX, #XXXX, #XXXX, and #XXXX) deferred services or purchase of items but did not appropriately justify the reason for the deferral in the progress notes. Documentation stated that the reason for the deferral included "MSSP budget constraints," "deferred for higher priority items," or "deferred until program funds are available". See Section IV. A. Service Planning and Utilization Summary of this report for further information.

Recommendations:

Incorporate all TA provided during the exit conference and in this report. Conduct training within 60 days from the date of this report to ensure all requirements are met for Progress Notes. Submit to CDA the name of the instructor's, curriculum used, and a list of attendees.

Technical Assistance:

Review MSSP Site Manual Section 3.820 What Progress Notes Include which states progress notes:

- Must include…"any education or counseling support provided to either the client or caregiver when necessary to ensure that the needs of the client and informal support systems are met;

- … must address and document each problem listed in the care plan;"

Review MSSP Site Manual Section 3.1530 Standards which states, "Face-to-face contact with each client by a member of the care management team must be carried out quarterly. More frequent face-to-face contact should be arranged in emergencies, where reliable information cannot otherwise be obtained, or if other elements of the client's situation require it."

Review MSSP Site Manual Section 3.1520 Monitoring Activities which states, "The CM serves as a resource manager who arranges for timely, effective, and efficient mobilization and allocation of services to meet the client's needs as defined by the care plan."

Review MSSP Site Manual Section 3.640.1 General Guidelines which states, "Any needs or services deferred must have appropriate justification for the deferral documented in the client record. The methods of addressing or attenuating any risk associated with the deferral must be documented and followed up on a timely basis."

Corrective Action:

A CAP is required.

III. E. Case Record

MSSP sites must maintain up-to-date, centralized, confidential and secured case file records for each MSSP client, utilizing mandatory CDA forms. Sites are to implement case documentation, date and signature requirements, revisions and corrections according to the MSSP Site Manual specifications and time frames.

Case record documentation is a tangible part of the care management process which must be clear, timely, accurate, legible, appropriate and complete, providing the CM with working documents that are effective and efficient. The site shall also maintain and make available records for inspection and audit by the State.

Reference: MSSP Site Manual

Findings:

There were no findings in this area.

Recommendations:

Continue with current policies and procedures.

Corrective Action:

A CAP is not required.

IV. AUTHORIZATION AND UTILIZATION OF SERVICES

MSSP sites are responsible for maintaining complete records for funds received under the MSSP contract, including the tracking for purchased and referred services. Sites are required to cooperate with the State in the monitoring, assessment and evaluation of site processes. Sites must provide the CDA any relevant information requested through ad hoc reports that are related to administrative procedures.

The Department's Audit Branch will review the reconciliation process between service authorization and disbursement of payments to ascertain whether services authorized and provided were:

- Consistent with the care plan,
- Verified by the site, and
- Differences between authorized and verified services noted.

CDA MSSP staff will review selected client records to verify that correct procedures were followed in authorizing services for clients.

In authorizing services for a client, the CM will use the following prescribed order of priorities:

1. All services available through the informal support of family, friends, etc., must be used.

2. Existing Title XVIII Medicare, Title XIX Medi-Cal, Title XX Social Services, Title III Older Americans Acts, the Special Circumstances Program, and other publicly-

funded services for which the client is eligible, and which are available in the community, must be relied upon, coordinated and recorded in developing a care plan. Within MSSP these services are called "Referred" services.

3. Only after the client's informal support and the existing public and private services are reviewed and optimally used, can the CM request the use of MSSP funds to purchase Waived Services. Within MSSP, these services are also called "Purchased" services.

CMs must be aware of the cost associated with maintaining a client in MSSP. When considering the acquisition of a piece of client equipment, e.g., emergency response device or non-medical home equipment, it is important to analyze both the purchase and rental options to determine the most cost-effective approach.

References: MSSP Site Manual and Contract

IV. A. Service Planning and Utilization Summary

The SPUS is an element of the client's care plan. The SPUS sets forth specific service information: who is the provider, what service is provided, how much it will cost, and what is the source of payment.

The SPUS is to be completed for each client for each month they are enrolled in the program. The services tracked on the SPUS are those purchased with waived services funds and certain categories of services obtained by referral to other funding sources.

The primary CM signs each client's verified SPUS each month. If the client's tracked costs are more than 95%, but less than 120%, of the site's benchmark, the Supervising CM must also sign; if costs exceed 120%, the Site Director must sign the SPUS, too.

References: MSSP Site Manual and Contract

Findings:

Six of twenty client records (#XXXX, #XXXX, #XXXX, #XXXX, #XXXX, and #XXXX) contained documentation that purchases or services had been deferred and were not followed up in a timely manner. Although the services/products were on the SPUS at the point of purchase, the delay in providing the services/products is unacceptable since the health and safety risks for the client(s) were prolonged.

Seven of twenty client records (#XXXX, #XXXX, #XXXX, #XXXX, #XXXX, #XXXX, and #XXXX) contained documentation that quarterly face-to-face visits were deferred due to "state budget crisis, no home visits". The SPUS included billed services of Care Management (50) and Care Management Support (60). Although the Site did provide care management monitoring in the form of 'monthly contact' during the months in question, the requisite face to face visits were not completed.

Recommendations:

Incorporate all TA provided during the exit conference and in the report.

Technical Assistance:

In addition to review of information during the Exit Conference, a conference call was held on 5/26/10. Participating in the call were: CDA Operations Manager Mary Sibbett; Fresno-Madera MSSP Site Director Jean Robinson; Deputy Director Steve Sanchez; SCM Frances Contreras, and CDA Program Analyst Taffy Warner. The issue of deferral of services and products identified as needs critical to the health and safety of the client was discussed. The Site verified that the prior practice of delaying services/purchases due to budget concerns is in the process of being corrected. CDA cautioned the Site that this practice was in violation of the contract and federal waiver. The CDA contract contains a provision for a monetary advance, an option which has been accessed by Fresno-Madera in the past. Advanced funding provides a measure of stability for sites to preserve the integrity of the program during times where other factors, such as delay in a budget at the state level, would result in a negative impact on the program.

The Site will make sure that Care Plan items requiring use of Waiver Service funds (Site Manual 3.1430) are provided to clients expediently.

MSSP Care Management teams are responsible for care management services including the assessment, care plan development, service authorization/delivery, monitoring, and follow up components of the program. (Site Manual 3.1430 Care Management 50).

Corrective Action:

A CAP is required.

IV. B. Tracking Cost Effectiveness

In addition to care management services provided by the MSSP site staff, the program is authorized to purchase supportive services from the list of approved Waived Services.

MSSP CMs are required to follow service authorization procedures which maximize the use of the informal support system and existing community service delivery systems (including use of the Medi-Cal Treatment Authorization Request [TAR] process) prior to the use of Waived Services.

References: MSSP Site Manual and Contract

Findings:

Purchased Care Management (4.3) services were routinely accessed to address site staffing issues. Problem statement phrasing on the Care Plan was as follows: “MSSP must utilize purchased case management due to a staffing shortage.” The goal linked the

service to the alternate discipline visit: "client to receive an annual nurse visit." There was no indication that efforts were being taken to address the staffing shortage.

All client files reviewed contained memos notifying clients of postponement of care management services (4.3 and 5.0), specifically home visits, due to budget stalemate at the State level. The alternate discipline and/or quarterly home visit requirement was supplanted by telephone contact by the PCM documenting the contact utilizing the Monthly Contact format.

Recommendations:

The Site will take immediate actions to correct the ongoing use of purchased care management services to address staffing shortages. The Site will address staffing issues and increase NCM time to meet the needs of the clients charging the time to the appropriate budget category – Care Management, not Waiver Services. Review Site Manual Section 3.1430 (Purchased Care Management 4.3).

The Site must adhere to the requirement of face-to-face visits with each client on a **quarterly** basis (Site Manual 3.1530).

Technical Assistance:

TA was provided to the Site during the course of the Utilization Review to address the practice of purchasing care management services and the deferral of services based on budget concerns. Due to the critical nature of the issues and the need for immediate intervention, a conference call was held on May 26, 2010. Participating in the call were: CDA Operations Manager Mary Sibbett; Fresno-Madera MSSP Site Director Jean Robinson; Deputy Director Steve Sanchez; Supervising Care Manager Frances Contreras, and CDA Program Analyst Taffy Warner.

- The Site was provided clarification (Site Manual Section 3.1430 Waived Services 4.3 & 50) regarding the use of 4.3 Purchased Care Management and 50 Site-Provided Care Management. The Site agreed to make the required staffing adjustments to coincide with the start of the 2010-2011 Fiscal Year.

- The Site was cautioned with regard to the withholding of care management and other services citing budgetary reasons given the dedicated funding source and the practice of accessing the funds on an uninterrupted basis. Monitoring activities include quarterly face to face visits (Site Manual Section 3.1520).

At the conclusion of the conference call, the Site confirmed that there would be no future disruption of services for the clients due to State budget issues. MSSP funding will be managed effectively and that the Site shall maintain contract and program compliance by ensuring that client monitoring includes quarterly face to face visits.

Corrective Action:

A CAP is not required as the Site has demonstrated to the satisfaction of CDA that the above practices are being corrected. Due to the potential implications for contract violation, the above remedies will be confirmed between CDA and the Site by September 1, 2010.

IV. C. Vendor Agreement Review

Sites are responsible for arranging for the provision of client services. In addition to the MSSP Site Manual, there are two documents that must be consulted in this regard: the current MSSP Waiver and the individual site contract with CDA. Both the Waiver and the contract set forth policy and procedures which must be followed in structuring the terms and conditions of agreements with local service providers. In the contract, the site agrees to directly provide or arrange for the continuous availability and accessibility of all services identified in each client's care plan. In addition, the site agrees to maintain sufficient written vendor agreements for the following minimum array of Waived Services at all times.

(a) Adult Day Support Center (ADSC) and Adult Day Care (ADC)
(b) Housing Assistance
(c) Domestic Chore and Personal Care Services
(d) Care Management
(e) Respite Care
(f) Transportation
(g) Meal Services
(h) Protective Services
(i) Special Communications

Sites are required to maintain specific information and documents on each vendor of services. Sites must maintain copies of current license and insurance documents, and establish a tickler file or other system to ensure timely updating of this information. The Vendor Record Review Tool can assist sites with maintaining service provider compliance to MSSP requirements.

References: MSSP Site Manual and Contract

Findings:

There were no findings in this area.

Recommendations:

Continue with current policies and procedures.

Corrective Action:

A CAP is not required.

V. QUALITY ASSURANCE ACTIVITIES

Quality assurance (QA) is characterized by a focus on systems, processes and outcomes, rewarding excellence, and working in a collaborative or partnership environment. It is ongoing, with each element continuously informing and supporting the entire process. Rather than replacing traditional program evaluation activities, quality assurance builds on and integrates them into an organized system.

MSSP sites are required to deliver quality services to clients through the continual demonstration of best practices in clinical care management. Sites will have a written policy describing their QA activities that includes a vision/mission statement, which ensures that staff fully support the mission and specifies the elements employed to secure this vision. QA elements include, but are not restricted to, a process of peer/internal review and a means to solicit client satisfaction with MSSP services.

V. A. Peer/Internal Review

Peer/Internal Review activities focus awareness on care management activities practiced within the program. Driven by the needs and abilities of the care management staff, this review process offers CMs an opportunity to learn from each other through the critical examination of professional practices.

References: MSSP Site Manual and MSSP Contract

Findings:

There were no findings in this area.

Recommendations:

Continue with current policies and procedures.

Corrective Action:

A CAP is not required.

V. B. Client Satisfaction

Client Satisfaction Surveys, or other methods of obtaining information regarding client satisfaction, are instrumental to program operation analysis and the provision of quality client services.

References: MSSP Site Manual and MSSP Contract

Findings:

There were no findings in this area.

Recommendations:

Continue with current policies and procedures.

Corrective Action:

A CAP is not required.

V. C. Home Visit

A home visit to a client ensures that clients are informed of their rights and receive quality services that meet their needs.

References: MSSP Site Manual and MSSP Contract

Summary of Home Visit:

A CDA Nurse Evaluator and a site CM completed a home visit to client #XXXX on XXXX, XX XXXX. The client was XXXX and XXXX, but XXX XXXX was XXXX to XXXX due to a prior XXXX. The client was an XX year-old XXXX-XXXX XXXX with a history of XXXX XXXX, XXXX, XXXX XXXX, XXXX and XXXX XXXX XXXX with XXXX XXXX-XXXX XXXX. XXX was seated in XXX XXXX XXXX when we arrived and was able to move about XXX home with XXXX.

The CM went into the XXXX to visualize the newly installed XXXX. The CM then discussed each care plan item with the client, obtained the name of the client's new XXXX and had the client sign an AUDPHI form. The client talked of the recent XXXX of XXX XXXX XXXX. The CM provided support and updated the emergency contact information. The client was XXXX XXX XXXX XXXX XXXX and stated XXX had had no XXXX since the last contact. XXX also stated she receives a XXX once per week for XXX the XXXX XXXX.

The CM asked the client if XXX had enough XXXX to XXXX her XXXX through the XXXX and explained that MSSP would not be able to XXXX XXXX during the XXXX XXXX. The client, having XXXX XXXX, stated XXX had sufficient XXXX.

The client stated XXX is very happy with XXX CM who has helped XXX obtain needed items and services. The client is happy to remain living in XXX own home with the help of XXX XXXX caregiver. XXX stated XXX is aware of XXX rights as a client in MSSP and wished XXX could have more XXXX XXXX. I explained that XXX XXXX was provided through a different program, but MSSP could supplement if more XXXX was needed. The client could not think of anything else that would make the program better.

Recommendations:

During a phone conference held at 9:00 am on May 26, 2010 with MSSP Operations Director Mary Sibbett, Jean Robinson, Site Director, Taffy Warner, Aging Program Analyst and site SCM, Frances Contreras, the site was informed by CDA they must not withhold waiver funds when client needs are present. See Section IV. A. Service Planning and Utilization Summary of this report for further information regarding this practice.

Corrective Action:

A CAP is not required.

VI. BEST PRACTICES

Best Practices are those processes, policies, procedures and methods of casework that demonstrate exemplary work in the field of care management. Examples of Best Practices include, but are not limited to, administrative processes, the work done within an individual case, and general practices developed and applied to the work of all site care management staff.

The review team would like to acknowledge the site for the following examples of Best Practices:

1. All client records were found to have AUDPHIs obtained annually exceeding the every two year requirement.

VII. SUMMARY

The site is acknowledged for its hospitality and for being receptive to the recommendations made and the TA provided during the UR process. This review team is available to provide continued technical support regarding the findings identified in this report.